

DEMOTTE STATE BANK - CONSUMER LOAN APPLICATION

Credit Requested Is:	<input type="checkbox"/> Home Equity Loan	<input type="checkbox"/> Collateral Secured Loan	<input type="checkbox"/> Personal Unsecured Loan	Account Requested:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint
Amount Requested \$	Description of Collateral Offered			We intend to apply for joint credit		
Purpose of Credit Request				Initial		
				Applicant		
				Co-Applicant		

If the Applicant is married, he or she may apply for individual credit. For Marital Status, check one if a) you are applying for a secured credit; b) you reside in a community property state; or c) you are relying on property in a community property state as a basis for repayment of the credit requested.

Applicant			APPLICANT INFORMATION			Co-Applicant		
Applicant Role:			Applicant Role:			Applicant Role:		
<input type="checkbox"/> Borrower <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor			<input type="checkbox"/> Borrower <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor			<input type="checkbox"/> Borrower <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor		
Applicant Name (include Jr. or Sr. if applicable)			Co-Applicant Name (include Jr. or Sr. if applicable)					
Social Security Number	Home Phone (incl. area code)	DOB (mm-dd-yyyy)	Social Security Number	Home Phone (incl. area code)	DOB (mm-dd-yyyy)			
Email Address			Email Address					
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)		
Dependents (not listed by Co-Applicant)			Dependents (not listed by Applicant)			Dependents (not listed by Applicant)		
no. ages			no. ages			no. ages		
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien			Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien			Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien		
Present Address (street, city, state, ZIP) since			Present Address (street, city, state, ZIP) since			Present Address (street, city, state, ZIP) since		
Mailing Address, if different from Present Address			Mailing Address, if different from Present Address			Mailing Address, if different from Present Address		

If residing at present address for less than two years, complete the following.

Former Address (street, city, state, ZIP)	from	to	Former Address (street, city, state, ZIP)	from	to
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Applicant			EMPLOYMENT / INCOME INFORMATION			Co-Applicant		
Name & Address of Employer			Name & Address of Employer			Name & Address of Employer		
<input type="checkbox"/> Self Employed			<input type="checkbox"/> Self Employed			<input type="checkbox"/> Self Employed		
Yrs. on this job			Yrs. on this job			Yrs. on this job		
<input type="checkbox"/> Full time			<input type="checkbox"/> Full time			<input type="checkbox"/> Full time		
Position/Title & Type of Business			Position/Title & Type of Business			Position/Title & Type of Business		
Business Phone (incl. area code)			Business Phone (incl. area code)			Business Phone (incl. area code)		
Gross Monthly Income \$			Gross Monthly Income \$			Gross Monthly Income \$		
Name & Address of Employer			Name & Address of Employer			Name & Address of Employer		
<input type="checkbox"/> Self Employed			<input type="checkbox"/> Self Employed			<input type="checkbox"/> Self Employed		
Dates			Dates			Dates		
from			from			from		
to			to			to		
Position/Title & Type of Business			Position/Title & Type of Business			Position/Title & Type of Business		
Business Phone (incl. area code)			Business Phone (incl. area code)			Business Phone (incl. area code)		
Name & Address of Employer			Name & Address of Employer			Name & Address of Employer		
<input type="checkbox"/> Self Employed			<input type="checkbox"/> Self Employed			<input type="checkbox"/> Self Employed		
Dates			Dates			Dates		
from			from			from		
to			to			to		
Position/Title & Type of Business			Position/Title & Type of Business			Position/Title & Type of Business		
Business Phone (incl. area code)			Business Phone (incl. area code)			Business Phone (incl. area code)		

NOTICE: Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Other Income		\$	Other Income		\$
Other Income		\$	Other Income		\$
Other Income		\$	Other Income		\$

HOUSING INFORMATION			
<input type="checkbox"/> Own <input type="checkbox"/> Rent since	Monthly Housing/Rent \$	Present Value \$	Date Purchased

CASH ASSET INFORMATION		
Financial Institution Name	Saving Account Balance \$	Checking Account Balance \$

I/We hereby apply for the loan or credit described in this application. I/We certify that I/we made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

X
Applicant

Date

X
Co-Applicant

Date

ASSETS AND LIABILITIES ADDENDUM TO CONSUMER LOAN APPLICATION

Application Number

Assets			Liabilities		
Checking and Savings Accounts			Name and Address of Creditor		
Name & Address of Institution	Cash or Market Value		Name & Address of Company	Payment	Balance
Acct. No.	\$		Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value		Name & Address of Company	Payment	Balance
Acct. No.	\$		Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value		Name & Address of Company	Payment	Balance
Acct. No.	\$		Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value		Name & Address of Company	Payment	Balance
Acct. No.	\$		Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value		Name & Address of Company	Payment	Balance
Acct. No.	\$		Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value		Name & Address of Company	Payment	Balance
Acct. No.	\$		Acct. No.	\$	\$
Stocks and Bonds Assets			Name & Address of Company	Payment	Balance
Number	Description	Cash or Market Value			
		\$			
		\$			
		\$	Acct. No.	\$	\$
		\$	Name & Address of Company	Payment	Balance
Life Insurance - Face Value		\$			
Real Estate Owned Assets		\$			
Vested Interest in Retirement Funds		\$			
Net Worth of Business Owned		\$	Acct. No.	\$	\$
Automobiles Owned:			Name & Address of Company	Payment	Balance
Year	Make and Model	Cash or Market Value			
		\$			
		\$			
		\$	Acct. No.	\$	\$
		\$	Name & Address of Company	Payment	Balance
Other Assets Owned:					
Description	Cash or Market Value				
	\$				
	\$		Acct. No.	\$	\$
	\$		Alimony/Child Support/Separate Maintenance Owed to	\$	
	\$				
	\$		Job Related Expense	\$	
	\$				
LIQUID ASSETS		\$	TOTAL MONTHLY PAYMENTS		\$
TOTAL ASSETS		\$	TOTAL LIABILITIES		\$
NET WORTH		\$			

*** indicates obligations satisfied at or before loan closing.



DeMotte State Bank

CREDIT AUTHORIZATION

I hereby give my consent to have DeMotte State bank obtain information regarding my employment, checking, and/or saving account and all other credit matters. I authorize the release of my application and any information that may be needed in order to complete their report.

A copy of this authorization bearing a copy of the signature(s) of the undersigned may be deemed to be equivalent of the original hereof and may be used as a duplicate original.

Borrower

Date

Co-Borrower



DeMotte State Bank

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

By signing below, we acknowledge that:

1. We have been or will be offered Credit Life and/or Disability insurance upon the approval of our credit application. We have been informed that our decision regarding the purchase or rejection on any or all of these insurance products will have no impact on the credit approval decision.
2. We have been informed that the bank may not prohibit us from obtaining these products from an unaffiliated entity, and may not request an agreement from us not to obtain these products. Our decisions regarding these matters will have no impact on the credit approval decision.

SIGNATURE

DATE

SIGNATURE

DATE

If you are receiving this disclosure by mail, please return it to use in the enclosed stamped, self-addressed envelope.

"FOR BANK USE ONLY"

Oral Disclosures Given on _____ by _____
DATE INITIALS

